

A Better Day

Maude Adams Avenue
Palms, CA 92277
760-228-5061

Third-Party Release

Date: _____

Patient Name: _____ DOB: _____

I, _____, grant permission for,
_____, to call and make or change appointments on
my behalf.

I also understand that this consent does not grant permission for copies of any medical records and that I am still financially responsible for any co-pay and deductible amounts as well as any no show charges I may incur.

Client Signature

Date

Signature

Date